PATENT		dve Janu	ary 1, 20	003	ON RECO	RD	A	1		ocket Nur	nber
	CLAIMS A	S FILED - (Columni	••		<i>ா</i> று 2);		WALL E		ÓR	OTHER	
TOTAL CLAIMS		not-				Г	RATE	FEÉ	7	RATE	FE
FOR		NUMBER FILED		NUMBER EXTRA		6	ASIC FEE	375.00	OR	BASIC FEE	1
TOTAL CHARGEABLE CLAIMS		/@0 minus 20=		•			X\$ 9=		1	Y2-12	
INDEPENDENT CLAIMS		/2 minus 3 =		•		F			OR	 -	
MULTIPLE DEPENDENT CLAIM P		RESENT				-	X42=		OR	X84=	<u> </u>
4 18 41						+140=		OR	+280=		
	less than zero, enter "0" in column 2				TOTAL		OR	TOTAL			
1-14-09	CLAIMS AS A	MENDE								OTHER	
	CLAMS		(Colum	EST	(Column 3)) <u>-</u>	SMALL		OR L	SMALL	
Total Independent	REMAINING AFTER AMENDMENT		PAID!	USLY	PRESENT EXTRA		RATE	ADDI: TIONAL FEE		RATE	TION
Total	· 308	Minus	- 11	Õ.	-48		X\$ 9=		OR	XSR	2241
Independent	• 15 ENTATION OF M	Minus	/	2	- 3		X42=		OR	X {56=	*LO0
I LINST CHEST	ENTALBON OF ME	JUITUE DE	PENDENT	CLAIM			140=			+280=	201/1
		, · · · · ·				L	TOTAL		OR		#3.00
3-30-05	Column 1)		(Colum	na 31	(Column 3)	AD	DIT. PEE		OR	ADDIT. FEE	00رد⊤
a	CLAIMS		HIGH	EST				ADDI-	. 1		ADD
RENT	AFTER AMENDMENT		PAID I	USLY	PRESENT EXTRA		RATE	TIONAL FEE		PLATE	TION
Total	. 184	Minus	- 2(<u> </u>	=		X\$ 9=		OR	X\$18=	
Tugebeugets	NTATION OF MI	Minus	SENDENT	5.	<u>- </u>		X42=		OR	X84=	1
,, awi Friest	DITAL PORT OF MIL	FIRE OF	SHOCIAL	CONTRA	<u> </u>	Ŀ	140=		OR	+280=	
٠		٠. ٠.				AD	TOTAL DIT. FEE		OR	TOTAL ADOIT. FEE	
12-16-05	(Column 1)		(Calum		(Column 3)	۰ ــــ				•	
ENTO	CLAIMS .REMAINING .AFTER: AMENDMENT		HIGH NUME PREVIO PAID F	USLY	PRESENT EXTRA	ſ	ATE	ADDI- TIONAL FEE		RATE	ADD TION. FEE
Total Independent	- 187	Minus	- 2	08.	- \	,	46.50		OR	X\$18=	7.3-5
independent	• 3	Minus	400	5	• [(425		OR	X84=	7.
PHST PRESE	NTATION OF ML	ATIPLE DE	PENDENT	CLAIM		-		$\overline{}$	٠,٦	-	+
49, 115, 134 "Whe entry in column 1 is less than the entry in column 2, write "V" in column 3.						Ŀ	140s	7	OR.	+280=	1
" I the Tighest No	mber Previously Pa	ad For IN THE	S SPACE is	less tha	n 30, enter "30."	ADE	TOTAL MI. FEE	· \	OR ,	TOTAL LODIT, FEE	
	nber Previously Pal					found	in the app	ropriate box	in cot	umn 1,	

FORM PTO-ETS (Per 1202)